

Procedure Code	Procedure Code Description	Rate
200	MYRINGOTOMY	\$0.00
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFICIAL	\$25.20
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR COMPLICATED	\$107.33
2001	MYRINGOTOMY WITH INSERTION OF TUBE	\$0.00
2009	OTHER MYRINGOTOMY	\$0.00
201	REMOVAL OF TYMPANOSTOMY TUBE	\$0.00
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	\$322.60
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST	\$101.96
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	\$124.87
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	\$168.01
20150	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED THROUGH SAME FASCIAL INCISIO	\$566.16
202	INCISION OF MASTOID AND MIDDLE EAR	\$0.00
20200	BIOPSY, MUSCLE; SUPERFICIAL	\$50.40
20205	BIOPSY, MUSCLE; DEEP	\$50.40
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	\$43.34
2021	INCISION OF MASTOID	\$0.00
2022	INCISION OF PETROUS PYRAMID AIR CELLS	\$0.00
20220	BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)	\$50.40
20225	BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)	\$33.60
2023	INCISION OF MIDDLE EAR	\$0.00
20240	BIOPSY, BONE, EXCISIONAL; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)	\$50.40
20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	\$84.00
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	\$151.20
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	\$176.40
203	DIAGNOSTIC PROCEDURES ON MIDDLE AND INNER EAR	\$0.00
2031	ELECTROCOCHLEOGRAPHY	\$0.00
2032	BIOPSY OF MIDDLE AND INNER EAR	\$0.00
2039	OTHER DIAGNOSTIC PROCEDURES ON MIDDLE AND INNER EAR	\$0.00
204	MASTOIDECTOMY	\$0.00
2041	SIMPLE MASTOIDECTOMY	\$0.00
2042	RADICAL MASTOIDECTOMY	\$0.00
2049	OTHER MASTOIDECTOMY	\$0.00
205	OTHER EXCISION OF MIDDLE EAR	\$0.00
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	\$25.20
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	\$22.70
2051	EXCISION OF LESION OF MIDDLE EAR	\$0.00

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20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	\$50.40
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	\$100.80
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC; CORTICOSTEROID), CARPAL TUNNEL	\$35.09
20550	INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS OR GANGLION CYST	\$25.20
20551	INJECTION; TENDON ORIGIN/ INSERTION	\$35.09
20552	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE GROUP(S)	\$35.09
20553	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE GROUPS	\$35.09
20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT INTERSTITIAL	\$177.71
2059	OTHER	\$0.00
206	FENESTRATION OF INNER EAR	\$0.00
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT, BURSA OR GANGLION CYST (EG, FINGERS, TOES)	\$25.18
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GANGLION CYST (EG, TEMPOROMANDIBULAR	\$25.18
2061	FENESTRATION OF INNER EAR (INITIAL)	\$0.00
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL	\$25.20
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$31.58
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	\$25.20
2062	REVISION OF FENESTRATION OF INNER EAR	\$0.00
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)	\$42.00
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL (SEPARATE PROCEDURE)	\$42.00
20661	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	\$126.00
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	\$100.80
20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	\$100.80
20664	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED, FOR THIN SKULL OSTEOLOGY (EG, PEDIATR	\$258.62
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	\$38.60
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)	\$80.00
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	\$160.00
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM	\$100.80

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20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG,	\$100.80
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PIN(S) OR WIRE(S) AND/OR NEW	\$100.80
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	\$120.00
20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH	\$580.81
20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH	\$682.98
207	INCISION, EXCISION, AND DESTRUCTION OF INNER EAR	\$0.00
2071	ENDOLYMPHATIC SHUNT	\$0.00
2072	INJECTION INTO INNER EAR	\$0.00
2079	OTHER INCISION, EXCISION, AND DESTRUCTION OF INNER EAR	\$0.00
208	OPERATIONS ON EUSTACHIAN TUBE	\$0.00
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT); COMPLETE AMPUTATION	\$1,505.00
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); COMPLETE AMPUTATION	\$1,505.00
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS); COMPLETE AMPUTATION	\$1,505.00
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO INSERTION OF FLEXOR SUBLIMIS TENDO	\$743.82
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON INSERTION); COMPLETE AMPUTATION	\$1,068.12
20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT); COMPLETE AMPUTATION	\$1,292.06
20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION	\$1,098.25
20838	REPLANTATION, FOOT; COMPLETE AMPUTATION	\$1,505.00
209	OTHER OPERATIONS ON INNER AND MIDDLE EAR	\$0.00
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	\$58.80
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	\$226.80
2091	TYMPANOSYMPATHECTOMY	\$0.00
20910	CARTILAGE GRAFT; COSTOCHONDRAL	\$58.80
20912	CARTILAGE GRAFT; NASAL SEPTUM	\$58.80
2092	REVISION OF MASTOIDECTOMY	\$0.00
20920	FASCIA LATA GRAFT; BY STRIPPER	\$194.22
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	\$226.80
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	\$226.80
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	\$168.00

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2093	REPAIR OF OVAL AND ROUND WINDOWS	\$0.00
20931	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	\$78.84
20937	AUTOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION)	\$121.57
20938	AUTOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL, BICORTICAL OR TRICORTICAL	\$131.48
2094	INJECTION OF TYMPANUM	\$0.00
2095	IMPLANTATION OF ELECTROMAGNETIC HEARING DEVICE	\$0.00
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WICK CATHETER TECHNIQUE, NEEDLE M	\$25.20
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	\$1,505.00
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	\$1,427.46
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	\$1,478.86
2096	IMPLANTATION OR REPLACEMENT OF COCHLEAR PROSTHETIC DEVICE, NOT OTHERWISE SPECIFIED	\$0.00
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR METATARSAL	\$0.00
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC CREST, METATARSAL, OR GRE	\$1,505.00
2097	IMPLANTATION OR REPLACEMENT OF COCHLEAR PROSTHETIC DEVICE, SINGLE CHANNEL	\$0.00
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	\$1,505.00
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	\$1,505.00
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE	\$1,505.00
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	\$93.91
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	\$118.73
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERATIVE)	\$8.88
2098	IMPLANTATION OR REPLACEMENT OF COCHLEAR PROSTHETIC DEVICE, MULTIPLE CHANNEL	\$0.00
20982	ABLATION, BONE TUMOR RADIOFREQUENCY, PRECUTANEOUS, INCLUDING COMPUTED TOMOGRAPHIC GUIDANCE	\$2,357.09
20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES; IMAGE-LESS	\$81.94
2099	OTHER OPERATIONS ON MIDDLE AND INNER EAR	\$0.00
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	\$0.00
2100	CONTROL OF EPISTAXIS, NOT OTHERWISE SPECIFIED	\$0.00
2101	CONTROL OF EPISTAXIS BY ANTERIOR NASAL PACKING	\$0.00

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21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	\$126.00
21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP	\$210.00
2102	CONTROL OF EPISTAXIS BY POSTERIOR (AND ANTERIOR) PACKING	\$0.00
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	\$201.03
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	\$166.98
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	\$168.00
2103	CONTROL OF EPISTAXIS BY CAUTERIZATION (AND PACKING)	\$0.00
21030	EXCISION OF BENIGN TUMOR OR CYST OF FACIAL BONE OTHER THAN MANDIBLE	\$142.80
21031	EXCISION OF TORUS MANDIBULARIS	\$125.28
21032	EXCISION OF MAXILLARY TORUS PALATINUS	\$142.80
21034	EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLE	\$285.60
2104	CONTROL OF EPISTAXIS BY LIGATION OF ETHMOIDAL ARTERIES	\$0.00
21040	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; SIMPLE	\$104.85
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	\$252.00
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	\$252.00
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGGRESSIVE O	\$504.24
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY (EG LC	\$622.30
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGGRESSIVE OR DESTRUCT	\$518.89
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY (EG, LOCA	\$589.48
2105	CONTROL OF EPISTAXIS BY (TRANSANTRAL) LIGATION OF THE MAXILLARY ARTERY	\$0.00
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$378.00
2106	CONTROL OF EPISTAXIS BY LIGATION OF THE EXTERNAL CAROTID ARTERY	\$0.00
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$378.00
2107	CONTROL OF EPISTAXIS BY EXCISION OF NASAL MUCOSA AND SKIN GRAFTING OF SEPTUM AND LATERAL NASAL WALL	\$0.00
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	\$320.13

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21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE	\$191.13
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	\$632.82
21077	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	\$1,591.55
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	\$0.00
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	\$0.00
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	\$0.00
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	\$0.00
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	\$0.00
21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	\$0.00
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	\$0.00
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	\$0.00
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	\$0.00
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	\$0.00
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	\$0.00
2109	CONTROL OF EPISTAXIS BY OTHER MEANS	\$0.00
211	INCISION OF NOSE	\$0.00
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)	\$100.80
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL	\$227.45
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	\$25.20
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	\$141.60
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	\$285.60
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMM	\$318.06
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	\$404.40
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	\$159.60
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)	\$277.20

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21137	REDUCTION FOREHEAD; CONTOURING ONLY	\$243.60
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGR	\$319.20
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	\$336.00
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	\$679.88
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	\$705.06
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	\$732.93
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS	\$722.19
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS	\$757.90
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTIONS, REQUIRING BONE GRAF	\$786.38
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)	\$45.04
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	\$150.00
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRA	\$173.90
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRA	\$228.24
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRI	\$619.51
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRI	\$611.00
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRA	\$219.13
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION (EG, PL	\$296.13
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC	\$155.10

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21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES OBTAINING GR	\$193.60
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL	\$142.40
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL EXCISION	\$180.02
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL EXCISION	\$543.20
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL EXCISION	\$543.20
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	\$504.00
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL "C", OR "L" OSTEOTOMY; WITHOUT BONE GRAFT	\$628.49
21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITH BONE GRAFT (INCLUDES	\$728.18
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION	\$629.93
21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	\$694.54
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	\$624.77
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	\$568.22
212	DIAGNOSTIC PROCEDURES ON NOSE	\$0.00
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	\$517.44
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	\$458.41
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	\$336.00
2121	RHINOSCOPY	\$0.00
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	\$168.00
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	\$168.00
2122	BIOPSY OF NOSE	\$0.00
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	\$397.90
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	\$268.62
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$302.40
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	\$302.40
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	\$302.40



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21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)	\$504.00
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	\$498.66
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	\$451.19
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR H	\$814.80
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL	\$717.45
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL COMPLETE	\$814.80
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)	\$801.45
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (	\$776.06
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	\$791.75
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	\$814.80
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT	\$814.80
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	\$718.07
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL	\$814.80
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	\$168.00
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	\$168.00
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	\$168.00
21282	LATERAL CANTHOPEXY	\$168.00
2129	OTHER DIAGNOSTIC PROCEDURES ON NOSE	\$0.00
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH	\$52.84
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH	\$164.29
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	\$0.00
2130	EXCISION OR DESTRUCTION OF LESION OF NOSE, NOT OTHERWISE SPECIFIED	\$0.00

Procedure Code	Procedure Code Description	Rate
2131	LOCAL EXCISION OR DESTRUCTION OF INTRANASAL LESION	\$0.00
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	\$25.20
21315	CLOSED TREATMENT, NASAL BONE FRACTURE; WITHOUT STABILIZATION	\$58.80
2132	LOCAL EXCISION OR DESTRUCTION OF OTHER LESION OF NOSE	\$0.00
21320	CLOSED TREATMENT, NASAL BONE FRACTURE; WITH STABILIZATION	\$58.80
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	\$168.00
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION	\$168.00
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM	\$168.00
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	\$168.00
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	\$35.45
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	\$168.00
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	\$168.00
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, INCLUDING REPAIR	\$168.00
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	\$168.00
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA CORONAL	\$168.00
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION	\$168.00
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION	\$310.80
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES	\$310.80
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	\$302.17
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION	\$75.60
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)	\$75.60
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD	\$210.00

Procedure Code	Procedure Code Description	Rate
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA,	\$310.80
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA,	\$310.80
21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)	\$310.80
21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	\$310.80
21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	\$310.80
21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT	\$310.80
21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING	\$310.80
214	RESECTION OF NOSE	\$0.00
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION	\$25.20
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION	\$58.80
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT	\$261.30
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	\$310.80
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	\$310.80
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION	\$84.00
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	\$310.80
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL	\$352.80
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SP	\$252.00
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AND/OR INTERNAL FIXATION	\$327.56
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL	\$394.80
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, UTILIZING INTERNAL AND/OR EXTERNAL F	\$453.60

Procedure Code	Procedure Code Description	Rate
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, MULTIPLE SURGICAL APPROACHES, INTERN	\$512.40
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	\$33.60
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	\$245.41
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	\$42.00
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	\$252.00
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	\$42.00
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	\$100.80
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	\$336.00
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	\$336.00
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	\$336.00
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	\$336.00
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIXATION,	\$336.00
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT	\$36.74
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT COMPLICATED (EG, RECURRENT REQUIRING	\$42.00
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	\$377.71
21495	OPEN TREATMENT OF HYOID FRACTURE	\$210.00
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	\$206.38
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	\$0.00
215	SUBMUCOUS RESECTION OF NASAL SEPTUM	\$0.00
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	\$42.00
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB OSTECTOMY	\$142.80
21510	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), THORAX	\$126.00
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	\$25.20
21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS	\$33.60
21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, INTRAMUSCULAR	\$33.60
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR THORAX	\$67.20

Procedure Code	Procedure Code Description	Rate
216	TURBINECTOMY	\$0.00
21600	EXCISION OF RIB, PARTIAL	\$142.80
2161	TURBINECTOMY BY DIATHERMY OR CRYOSURGERY	\$0.00
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	\$285.60
21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	\$378.00
21616	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY	\$378.00
2162	FRACTURE OF THE TURBINATES	\$0.00
21620	OSTECTOMY OF STERNUM, PARTIAL	\$142.80
21627	STERNAL DEBRIDEMENT	\$107.27
21630	RADICAL RESECTION OF STERNUM; FOR TUMOR	\$168.00
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	\$252.00
21685	HYOID MYOTOMY AND SUSPENSION	\$508.78
2169	OTHER TURBINECTOMY	\$0.00
217	REDUCTION OF NASAL FRACTURE	\$0.00
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	\$220.44
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	\$309.60
2171	CLOSED REDUCTION OF NASAL FRACTURE	\$0.00
2172	OPEN REDUCTION OF NASAL FRACTURE	\$0.00
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST APPLICATION	\$205.16
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION	\$226.80
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM	\$420.00
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITHOUT	\$0.00
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THOR	\$0.00
21750	CLOSURE OF STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARATE PROCEDURE)	\$391.54
218	REPAIR AND PLASTIC OPERATIONS ON THE NOSE	\$0.00
21800	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH	\$36.74
21805	OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH	\$75.60
2181	SUTURE OF LACERATION OF NOSE	\$0.00
21810	TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION ("FLAIL CHEST")	\$58.80
2182	CLOSURE OF NASAL FISTULA	\$0.00
21820	CLOSED TREATMENT OF STERNUM FRACTURE	\$42.00
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION	\$67.20
2183	TOTAL NASAL RECONSTRUCTION	\$0.00

Procedure Code	Procedure Code Description	Rate
2184	REVISION RHINOPLASTY	\$0.00
2185	AUGMENTATION RHINOPLASTY	\$0.00
2186	LIMITED RHINOPLASTY	\$0.00
2187	OTHER RHINOPLASTY	\$0.00
2188	OTHER SEPTOPLASTY	\$0.00
2189	OTHER REPAIR AND PLASTIC OPERATIONS ON NOSE	\$0.00
21899	UNLISTED PROCEDURE, NECK OR THORAX	\$0.00
219	OTHER OPERATIONS ON NOSE	\$0.00
2191	LYSIS OF ADHESIONS OF NOSE	\$0.00
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	\$25.20
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	\$58.80
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK	\$84.00
21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK	\$168.00
2199	OTHER	\$0.00
2200	ASPIRATION AND LAVAGE OF NASAL SINUS, NOT OTHERWISE SPECIFIED	\$0.00
2201	PUNCTURE OF NASAL SINUS FOR ASPIRATION OR LAVAGE	\$0.00
22010	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERVICAL, THORACIC, OR CERVICOTHO	\$447.68
22015	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; LUMBAR, SACRAL, OR LUMBOSACRAL	\$443.76
2202	ASPIRATION OR LAVAGE OF NASAL SINUS THROUGH NATURAL OSTIUM	\$0.00
221	DIAGNOSTIC PROCEDURES ON NASAL SINUS	\$0.00
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENTS (EG SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY	\$392.00
22101	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	\$392.00
22102	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	\$392.00
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT FOR INTRINSIC BONY LESION; EACH ADDITIONAL	\$101.96
2211	CLOSED [ENDOSCOPIC] [NEEDLE] BIOPSY OF NASAL SINUS	\$0.00
22110	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE	\$142.80
22112	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	\$142.80
22114	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	\$142.80
22116	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION; EACH ADDITIONAL VERTEBRAL SEGMENT	\$100.93
2219	OTHER DIAGNOSTIC PROCEDURES ON NASAL SINUSES	\$0.00
222	INTRANASAL ANTROTOMY	\$0.00

Procedure Code	Procedure Code Description	Rate
22206	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT; THORACIC	\$1,258.21
22207	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT; LUMBAR	\$1,242.12
22208	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT; EACH ADDITION	\$319.09
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; CERVICAL	\$708.17
22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	\$795.67
22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	\$747.58
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL	\$247.68
22220	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL	\$814.80
22222	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	\$741.60
22224	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	\$781.02
22226	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL	\$247.68
223	EXTERNAL MAXILLARY ANTROTOMY	\$0.00
22305	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)	\$100.10
2231	RADICAL MAXILLARY ANTROTOMY	\$0.00
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING AND INCLUDING CASTING	\$98.41
22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S), AND/OR DISLOCATION(S) REQUIRING CASTING OR BRACING, WITH OR WITHOUT MANIPULATION	\$294.00
22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND/OR DISLOCATION(S), ANTERIOR APPROACH, WITHOUT GRAFTING	\$823.33
22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND/OR DISLOCATION(S), ANTERIOR APPROACH; WITH GRAFTING	\$930.04
22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); LUMBAR	\$563.06
22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); CERVICAL	\$529.20

Procedure Code	Procedure Code Description	Rate
22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); THORACIC	\$529.20
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURES AND OR DISLOCATION(S); EACH ADDITIONAL FRACTURED VERTEB	\$200.83
2239	OTHER EXTERNAL MAXILLARY ANTROTOMY	\$0.00
224	FRONTAL SINUSOTOMY AND SINUSECTOMY	\$0.00
2241	FRONTAL SINUSOTOMY	\$0.00
2242	FRONTAL SINUSECTOMY	\$0.00
2250	SINUSOTOMY, NOT OTHERWISE SPECIFIED	\$0.00
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	\$67.20
2251	ETHMOIDOTOMY	\$0.00
2252	SPHENOIDOTOMY	\$0.00
22520	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; THORACIC	\$283.80
22521	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR	\$266.26
22522	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC	\$92.88
22523	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY,	\$336.23
22524	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY,	\$322.19
22525	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY,	\$154.18
22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE;	\$1,109.19
22527	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE;	\$897.84
2253	INCISION OF MULTIPLE NASAL SINUSES	\$0.00
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE; THORACIC	\$0.00
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE; LUMBAR	\$0.00
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE; THORACIC OR	\$210.94
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT EXCISION	\$814.80



Procedure Code	Procedure Code Description	Rate
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; CERVICAL	\$730.80
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC	\$730.80
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR	\$730.80
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; EACH ADDITONA	\$84.00
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	\$730.80
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	\$730.80
2260	SINUSECTOMY, NOT OTHERWISE SPECIFIED	\$0.00
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	\$730.80
2261	EXCISION OF LESION OF MAXILLARY SINUS WITH CALDWELL-LUC APPROACH	\$0.00
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC (WITH OR WITHOUT LATERAL TRANSVE	\$730.80
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH OR WITHOUT LATERAL TRANSVERS	\$730.80
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT	\$268.53
2262	EXCISION OF LESION OF MAXILLARY SINUS WITH OTHER APPROACH	\$0.00
2263	ETHMOIDECTOMY	\$0.00
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR	\$730.80
22632	ARTHRODISIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE	\$227.87
2264	SPHENOIDECTOMY	\$0.00
227	REPAIR OF NASAL SINUS	\$0.00
2271	CLOSURE OF NASAL SINUS FISTULA	\$0.00
2279	OTHER REPAIR OF NASAL SINUS	\$0.00
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST, UP TO 6 VERTEBRAL SEGMENTS	\$730.80
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	\$730.80
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	\$1,402.08
22808	ARTHRODISIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS	\$961.00

Procedure Code	Procedure Code Description	Rate
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS	\$730.80
22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS	\$730.80
22818	KYPHESTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND	\$1,340.16
22819	KYPHECTOMY: 3 OR MORE SEGMENTS	\$1,435.31
22830	EXPLORATION OF SPINAL FUSION	\$389.64
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE), PEDICLE	\$730.80
22842	POSTERIOR SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTEBRAL SEGMENTS	\$730.80
22843	POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTEBRAL SEGMENTS	\$390.51
22844	POSTERIOR SEGMENTAL INSTRUMENTATION; 13 OR MORE VERTEBRAL SEGMENTS	\$477.20
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	\$719.72
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	\$360.58
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	\$400.62
22848	PELVIC FIXATION(ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM	\$261.30
22849	REINSERTION OF SPINAL FIXATION DEVICE	\$413.17
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	\$250.60
22851	APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S),	\$292.26
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	\$282.68
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	\$297.96
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION	\$890.62
22857	TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE, LUMBAR, SINGLE INTER	\$810.95
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	\$1,078.23
22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE	\$987.83
22864	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	\$1,001.25
22865	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE	\$961.82
22899	UNLISTED PROCEDURE, SPINE	\$0.00
229	OTHER OPERATIONS ON NASAL SINUSES	\$0.00

Procedure Code	Procedure Code Description	Rate
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)	\$97.18
22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	\$0.00
230	FORCEPS EXTRACTION OF TOOTH	\$0.00
23000	REMOVAL OF SUBDELTOID (OR INTRATENDINOUS) CALCAREOUS DEPOSITS, ANY METHOD	\$126.00
2301	EXTRACTION OF DECIDUOUS TOOTH	\$0.00
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	\$210.00
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	\$42.00
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	\$33.60
23035	INCISION , BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	\$126.00
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$294.00
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN	\$294.00
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	\$25.20
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	\$25.20
23075	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBCUTANEOUS	\$33.60
23076	EXCISION, TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$119.18
23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA	\$449.69
2309	EXTRACTION OF OTHER TOOTH	\$0.00
231	SURGICAL REMOVAL OF TOOTH	\$0.00
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	\$294.00
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STEREOCLAVICULAR JOINT, INCLUDING BIOPSY AND/OR EXCISION OF TORN CARTILA	\$284.83
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	\$336.00
23106	ANTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	\$230.96
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	\$353.77
2311	REMOVAL OF RESIDUAL ROOT	\$0.00
23120	CLAVICULECTOMY; PARTIAL	\$142.80
23125	CLAVICULECTOMY; TOTAL	\$294.00
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE	\$142.80
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	\$142.80

Procedure Code	Procedure Code Description	Rate
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING	\$336.00
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT	\$142.80
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	\$285.60
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRA	\$336.00
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT	\$285.60
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	\$126.00
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	\$126.00
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK	\$126.00
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE	\$142.80
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA	\$142.80
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HU	\$219.96
2319	OTHER SURGICAL EXTRACTION OF TOOTH	\$0.00
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	\$142.80
23195	RESECTION HUMERAL HEAD	\$324.23
232	RESTORATION OF TOOTH BY FILLING	\$0.00
23200	RADICAL RESECTION FOR TUMOR; CLAVICLE	\$168.00
23210	RADICAL RESECTION FOR TUMOR; SCAPULA	\$455.11
23220	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;	\$504.00
23221	RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$588.00
23222	RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT	\$504.24
233	RESTORATION OF TOOTH BY INLAY	\$0.00
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	\$25.20
23331	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL)	\$168.42
23332	REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER)	\$165.76
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	\$25.20
23395	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE	\$315.07

Procedure Code	Procedure Code Description	Rate
23397	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	\$458.40
234	OTHER DENTAL RESTORATION	\$0.00
23400	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	\$336.00
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	\$126.00
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	\$126.00
2341	APPLICATION OF CROWN	\$0.00
23410	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE	\$277.20
23412	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC	\$277.20
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	\$277.20
2342	INSERTION OF FIXED BRIDGE	\$0.00
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	\$277.20
2343	INSERTION OF REMOVABLE BRIDGE	\$0.00
23430	TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS	\$277.20
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS	\$277.20
23450	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	\$504.00
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	\$378.00
23460	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH BONE BLOCK	\$458.23
23462	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	\$498.05
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	\$434.09
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	\$470.63
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	\$571.20
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER	\$571.20
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	\$126.00
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBT	\$126.00
2349	OTHER DENTAL RESTORATION	\$0.00
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; CLAVICLE	\$464.19

Procedure Code	Procedure Code Description	Rate
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; PROXIMAL HUME	\$591.54
235	IMPLANTATION OF TOOTH	\$0.00
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	\$79.67
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	\$100.80
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$252.00
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$75.54
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$84.00
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$210.00
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT	\$210.00
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$80.50
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$100.80
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$260.40
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAF	\$260.40
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	\$84.42
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION (WITH OR WITHOUT S	\$100.80
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION	\$252.00
236	PROSTHETIC DENTAL IMPLANT	\$0.00
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION	\$109.20
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	\$209.29
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	\$369.60
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	\$739.20
23620	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITHOUT MANIPULATION	\$109.20

Procedure Code	Procedure Code Description	Rate
23625	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITH MANIPULATION	\$50.45
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$355.01
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	\$100.80
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA	\$159.55
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	\$364.50
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH MANIPULATION	\$100.80
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH OR WITHOUT INTERNAL	\$378.00
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION	\$100.80
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH OR WITHOUT INTERNAL OR	\$378.00
2370	ROOT CANAL, NOT OTHERWISE SPECIFIED	\$0.00
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUD	\$50.40
2371	ROOT CANAL THERAPY WITH IRRIGATION	\$0.00
2372	ROOT CANAL THERAPY WITH APICOECTOMY	\$0.00
2373	APICOECTOMY	\$0.00
23800	ARTHRODESIS, GLENOHUMERAL JOINT	\$546.00
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$546.00
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	\$672.00
23920	DISARTICULATION OF SHOULDER;	\$504.00
23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	\$60.00
23929	UNLISTED PROCEDURE, SHOULDER	\$0.00
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	\$42.00
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	\$33.60
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW	\$126.00
240	INCISION OF GUM OR ALVEOLAR BONE	\$0.00
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$268.80
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)	\$268.80
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	\$25.20

Procedure Code	Procedure Code Description	Rate
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$25.20
24075	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	\$33.60
24076	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$67.20
24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA	\$134.40
241	DIAGNOSTIC PROCEDURES ON TEETH, GUMS, AND ALVEOLI	\$0.00
24100	ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY	\$199.59
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN	\$268.80
24102	ARTHROTOMY, ELBOW; FOR SYNOVECTOMY	\$294.00
24105	EXCISION, OLECRANON BURSA	\$142.80
2411	BIOPSY OF GUM	\$0.00
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	\$285.60
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$392.00
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	\$285.60
2412	BIOPSY OF ALVEOLUS	\$0.00
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;	\$277.81
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGR	\$392.00
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGR	\$285.60
24130	EXCISION, RADIAL HEAD	\$285.66
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	\$278.92
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	\$300.00
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	\$300.00
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS	\$228.52
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIAL HEAD	\$300.00
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PR	\$164.53



Procedure Code	Procedure Code Description	Rate
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PRO	\$577.09
24150	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS;	\$504.00
24151	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$470.40
24152	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;	\$364.71
24153	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$480.71
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	\$470.40
24160	IMPLANT REMOVAL; ELBOW JOINT	\$180.00
24164	IMPLANT REMOVAL; RADIAL HEAD	\$180.00
2419	OTHER DIAGNOSTIC PROCEDURES ON TEETH, GUMS, AND ALVEOLI	\$0.00
242	GINGIVOPLASTY	\$0.00
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	\$25.20
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$75.49
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	\$25.20
243	OTHER OPERATIONS ON GUM	\$0.00
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	\$200.83
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)	\$277.20
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	\$176.40
2431	EXCISION OF LESION OR TISSUE OF GUM	\$0.00
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	\$126.00
2432	SUTURE OF LACERATION OF GUM	\$0.00
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE P	\$427.45
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	\$277.20
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	\$277.20
24332	TENOLYSIS, TRICEPS	\$277.61
24340	TENODESIS FOR RUPTURE OF BICEPS TENDON AT ELBOW	\$277.20
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUF	\$319.09
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT	\$277.20
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$366.77
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)	\$553.56

Procedure Code	Procedure Code Description	Rate
24345	REPAIR MEDICAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$366.77
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)	\$553.56
24357	TENOTOMY, ELBOW, LATERAL OR MEDICAL; PERCUTANEOUS	\$10.91
24358	TENOTOMY, ELBOW, LATERAL OR MEDICAL; DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN	\$266.05
24359	TENOTOMY, ELBOW, LATERAL OR MEDICAL; DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH TENDON REPAIR OR REATTACH	\$339.94
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE	\$504.00
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	\$504.00
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	\$504.00
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT ("TOTAL ELBOW")	\$504.00
24365	ARTHROPLASTY, RADIAL HEAD;	\$346.34
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	\$446.24
2439	OTHER	\$0.00
244	EXCISION OF DENTAL LESION OF JAW	\$0.00
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	\$294.00
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)	\$294.00
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	\$504.00
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	\$420.00
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$519.89
24470	HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	\$223.91
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	\$188.95
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERAL	\$485.25
245	ALVEOLOPLASTY	\$0.00
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$109.20
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	\$208.88
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE	\$369.60

Procedure Code	Procedure Code Description	Rate
24516	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE A	\$369.60
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION;	\$75.60
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION;	\$201.60
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYL	\$201.60
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	\$378.00
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	\$378.00
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	\$75.60
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	\$151.20
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	\$151.20
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	\$378.00
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	\$75.60
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	\$151.20
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$378.00
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION	\$151.20
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL	\$378.00
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL	\$378.00
246	EXPOSURE OF TOOTH	\$0.00
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	\$100.80
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	\$100.80
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	\$310.80

Procedure Code	Procedure Code Description	Rate
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOC	\$168.00
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCAT	\$523.20
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW", WITH MANIPULATION	\$25.20
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	\$58.80
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	\$126.00
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION;	\$277.20
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION; WIT	\$277.20
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT MANIPULATION	\$75.60
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIPULATION	\$151.20
24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	\$252.00
247	APPLICATION OF ORTHODONTIC APPLIANCE	\$0.00
248	OTHER ORTHODONTIC OPERATION	\$0.00
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	\$470.40
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$470.40
249	OTHER DENTAL OPERATIONS	\$0.00
24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	\$370.69
2491	EXTENSION OR DEEPENING OF BUCCOLABIAL OR LINGUAL SULCUS	\$0.00
24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLotine)	\$347.37
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	\$336.00
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	\$390.92
24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	\$504.00
24935	STUMP ELONGATION, UPPER EXTREMITY	\$504.00
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	\$458.25
2499	OTHER	\$0.00
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	\$0.00
250	DIAGNOSTIC PROCEDURES ON TONGUE	\$0.00
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	\$142.80
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS)	\$167.80
2501	CLOSED [NEEDLE] BIOPSY OF TONGUE	\$0.00

Procedure Code	Procedure Code Description	Rate
2502	OTHER BIOPSY OF TONGUE	\$0.00
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; FLEXOR OR EXTENSOR COMPARTMENT	\$142.80
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	\$142.80
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;W/O DEBRIDEMENT OF NONVIABLE	\$389.48
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;W/ DEBRIDEMENT ON NONVIABLE MU	\$167.80
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	\$142.80
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	\$33.60
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$126.00
25040	ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN	\$268.80
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	\$25.20
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$25.20
25075	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; SUBCUTANEOUS	\$33.60
25076	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$33.60
25077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA	\$300.00
25085	CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)	\$210.00
2509	OTHER DIAGNOSTIC PROCEDURES ON TONGUE	\$0.00
251	EXCISION OR DESTRUCTION OF LESION OR TISSUE OF TONGUE	\$0.00
25100	ARTHROTOMY, WRIST JOINT; FOR BIOPSY	\$192.98
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR F	\$227.87
25105	ARTHROTOMY, WRIST JOINT; FOR SYNOVECTOMY	\$220.87
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, COMPLEX	\$250.98
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	\$270.18
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	\$146.96
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	\$145.72
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	\$151.20

Procedure Code	Procedure Code Description	Rate
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTH	\$264.88
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTH	\$264.88
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	\$232.82
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA	\$232.80
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE	\$277.20
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE	\$392.00
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE	\$285.60
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	\$142.80
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$252.00
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT	\$142.80
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	\$126.00
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA	\$298.04
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS	\$209.87
25170	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA	\$453.25
252	PARTIAL GLOSSECTOMY	\$0.00
25210	CARPECTOMY; ONE BONE	\$210.00
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	\$210.00
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	\$150.97
25240	EXCISION DISTAL ULNA (DARRACH TYPE PROCEDURE)	\$184.80
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	\$25.20
25248	EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	\$25.20
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	\$267.29
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	\$300.00
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	\$198.56
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	\$229.50

Procedure Code	Procedure Code Description	Rate
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	\$210.00
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT),	\$261.59
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	\$134.40
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	\$168.00
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WR	\$333.41
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) (EG, FOR EXE	\$353.77
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	\$142.80
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	\$126.00
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	\$180.00
253	COMPLETE GLOSSECTOMY	\$0.00
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	\$277.20
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	\$277.20
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON	\$277.20
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (IN	\$352.80
25315	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST;	\$300.00
25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER	\$277.20
25320	CAPSULORRHAPHY OR RECONSTRUCTION, CAPSULECTOMY, WRIST (INCLUDES SYNOVECTOMY, RESECTION OF CAPSULE, TENDON INSE	\$398.97
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION	\$378.00
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	\$378.00
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE	\$395.26
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	\$252.00
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	\$252.00
25360	OSTEOTOMY; ULNA	\$126.00

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Rate</b>
25365	OSTEOTOMY; RADIUS AND ULNA	\$126.00
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA	\$126.00
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA	\$126.00
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	\$419.61
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	\$504.00
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	\$462.00
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	\$504.00
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	\$412.39
254	RADICAL GLOSSECTOMY	\$0.00
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	\$316.60
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$378.58
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	\$394.80
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$515.24
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	\$494.59
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	\$528.97
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HARRIS PROCEDURE)	\$363.88
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR))(INCLUDES OBTAINING GRAFT), EACH BONE	\$359.55
25440	REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT)	\$383.99
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	\$378.00
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	\$378.00
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID (NAVICULAR)	\$302.54
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	\$302.54
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	\$391.97
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS ("TOTAL WRIST")	\$378.00
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	\$322.40



Procedure Code	Procedure Code Description	Rate
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	\$339.22
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	\$175.00
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	\$237.82
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS	\$400.00
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; ULNA	\$414.85
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS AND UL	\$492.78
255	REPAIR OF TONGUE AND GLOSSOPLASTY	\$0.00
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$75.60
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	\$151.20
2551	SUTURE OF LACERATION OF TONGUE	\$0.00
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$294.00
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIOULNAR JOINT (GALEAZZI FRACTURE/DISL	\$263.99
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND CLOSED TREATMENT OF DISLO	\$394.80
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND OPEN TREATMENT, WITH OR W	\$394.80
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	\$48.36
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	\$142.80
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$260.40
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	\$101.14
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	\$218.40
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS OR ULNA	\$381.43
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA	\$394.80
2559	OTHER REPAIR AND PLASTIC OPERATIONS ON TONGUE	\$0.00

Procedure Code	Procedure Code Description	Rate
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT	\$63.60
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT	\$151.20
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATION	\$332.51
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION, WITH INTERNAL FIXATION	\$370.90
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2	\$424.77
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3	\$542.21
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	\$67.20
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	\$142.80
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$294.00
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT MANIPULATION, EACH B	\$109.19
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH BONE	\$109.20
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE	\$252.00
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	\$75.60
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	\$216.31
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$319.30
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION	\$100.80
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	\$260.40
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	\$263.57
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	\$100.80
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	\$260.40
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MANIPULATION	\$142.80
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	\$294.00

Procedure Code	Procedure Code Description	Rate
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	\$67.20
25695	OPEN TREATMENT OF LUNATE DISLOCATION	\$168.00
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/OR INTERCARPAL AND/OR CARPOME	\$420.00
25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT	\$420.00
25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCL	\$420.00
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	\$324.85
25825	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$298.57
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT	\$395.26
259	OTHER OPERATIONS ON TONGUE	\$0.00
25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	\$220.76
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLotine)	\$199.78
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	\$55.82
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	\$205.49
2591	LINGUAL FRENOTOMY	\$0.00
25915	KRUKENBERG PROCEDURE	\$246.40
2592	LINGUAL FRENECTOMY	\$0.00
25920	DISARTICULATION THROUGH WRIST;	\$252.00
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	\$90.00
25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	\$73.20
25927	TRANSMETACARPAL AMPUTATION;	\$210.00
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	\$90.00
2593	LYSIS OF ADHESIONS OF TONGUE	\$0.00
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	\$240.62
2594	OTHER GLOSSOTOMY	\$0.00
2599	OTHER	\$0.00
25999	UNLISTED PROCEDURE, FOREARM OR WRIST	\$0.00
260	INCISION OF SALIVARY GLAND OR DUCT	\$0.00
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	\$25.20
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	\$58.80
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	\$75.60
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	\$126.00
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	\$210.00
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$126.00

Procedure Code	Procedure Code Description	Rate
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	\$298.42
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	\$293.09
26040	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS	\$75.60
26045	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL	\$75.60
26055	TENDON SHEATH INCISION FOR TRIGGER FINGER	\$135.81
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	\$25.20
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CARPOMETACARPAL JOINT	\$136.02
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METACARPOPHALANGEAL JOINT, EACH	\$144.56
26080	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH	\$93.83
261	DIAGNOSTIC PROCEDURES ON SALIVARY GLANDS AND DUCTS	\$0.00
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	\$145.18
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	\$144.56
2611	CLOSED [NEEDLE] BIOPSY OF SALIVARY GLAND OR DUCT	\$0.00
26110	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH	\$93.83
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; SUBCUTANEOUS	\$50.40
26116	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; DEEP, SUBFASCIAL, INTRAMUSCULAR	\$50.40
26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER	\$295.21
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES	\$392.80
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WIT	\$405.60
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WIT	\$136.80
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	\$228.90
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGI	\$257.38
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL JOINT	\$142.80
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM AND/OR FINGER, EACH TENDON	\$100.80

Procedure Code	Procedure Code Description	Rate
26160	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER	\$84.00
26170	EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH	\$114.30
26180	EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE), EACH TENDON	\$110.02
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	\$199.18
2619	OTHER DIAGNOSTIC PROCEDURES ON SALIVARY GLANDS AND DUCTS	\$0.00
262	EXCISION OF LESION OF SALIVARY GLAND	\$0.00
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	\$142.80
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$392.00
2621	MARSUPIALIZATION OF SALIVARY GLAND CYST	\$0.00
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER;	\$142.80
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER; WITH AUTOG	\$392.00
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); METACARPAL	\$142.80
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); PROXIMAL OR	\$142.80
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHAL	\$142.80
26250	RADICAL RESECTION, METACARPAL; (EG, TUMOR)	\$168.00
26255	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$252.00
26260	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);	\$168.00
26261	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES OBTAIN	\$252.00
26262	RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)	\$168.00
2629	OTHER EXCISION OF SALIVARY GLAND LESION	\$0.00
2630	SIALOADENECTOMY, NOT OTHERWISE SPECIFIED	\$0.00
2631	PARTIAL SIALOADENECTOMY	\$0.00
2632	COMPLETE SIALOADENECTOMY	\$0.00
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	\$84.00
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	\$151.70

Procedure Code	Procedure Code Description	Rate
26350	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN DIGITAL FLEXOR TENDON SHEATH; PRIMARY OR SECONDARY WITHOUT FREE	\$216.52
26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBT	\$222.79
26356	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN DIGITAL FLEXOR TENDON SHEATH; PRIMARY, EACH TENDON	\$174.68
26357	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY, EACH TENDON	\$313.24
26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINI	\$158.24
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; PRIMARY, EACH TENDON	\$175.37
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITH FREE GRAFT, EACH	\$112.40
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITHOUT FREE GRAFT, EACH	\$274.38
26390	EXCISION FLEXOR TENDON, IMPLANTATION OF PROSTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH TENDON	\$193.14
26392	REMOVAL OF PROSTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER, (INCLUDES OBTAINING GRAFT) EACH	\$303.60
264	REPAIR OF SALIVARY GLAND OR DUCT	\$0.00
2641	SUTURE OF LACERATION OF SALIVARY GLAND	\$0.00
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	\$134.40
26412	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAF	\$224.00
26415	EXCISION OF EXTENSOR TENDON, IMPLANTATION OF PROSTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER	\$318.13
26416	REMOVAL OF PROSTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES	\$303.60
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	\$134.40
2642	CLOSURE OF SALIVARY FISTULA	\$0.00
26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GR	\$268.80
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY); USING LOCAL TISSUE(S), INCLUD	\$168.00
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	\$278.64

Procedure Code	Procedure Code Description	Rate
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT PERCUTANEOUS PINNING (EG, MALLET FINGER	\$134.40
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT GRAFT (EG, MALLET FINGER)	\$134.40
26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; WITH FREE GRA	\$241.28
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	\$168.00
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER; EACH TENDON	\$142.80
26442	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	\$142.80
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER; EACH TENDON	\$142.80
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	\$142.80
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	\$126.00
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	\$58.80
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	\$111.87
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	\$126.00
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	\$126.00
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$171.93
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$176.40
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$176.40
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$176.40
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITHOUT FREE GRAFT, EACH TENDON	\$277.20
26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITH FREE TENDON GRAFT (INCLUDE	\$279.60
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	\$279.60
26489	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT),	\$271.83
2649	OTHER REPAIR AND PLASTIC OPERATIONS ON SALIVARY GLAND OR DUCT	\$0.00
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSER TYPE, EACH TENDON	\$279.60
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON	\$279.60

Procedure Code	Procedure Code Description	Rate
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	\$279.60
26496	OPPONENSPLASTY; OTHER METHODS	\$279.60
26497	TRANSFER TO TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	\$279.60
26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	\$447.60
26499	CORRECTION CLAW FINGER, OTHER METHODS	\$365.53
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE PROCEDURE)	\$124.69
26502	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)	\$151.28
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	\$143.74
26510	CROSS INTRINSIC TRANSFER	\$205.78
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	\$187.94
26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	\$325.46
26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	\$338.29
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	\$192.14
26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT	\$185.41
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	\$168.00
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$182.40
26535	ARTHROPLASTY INTERPHALANGEAL JOINT; EACH JOINT	\$168.00
26536	ARTHROPLASTY INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$218.40
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	\$208.12
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR	\$259.98
26542	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)	\$271.00
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT	\$172.67
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL I	\$370.28
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	\$299.90
26550	POLLICIZATION OF A DIGIT	\$185.96
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE GRAFT	\$1,929.43



Procedure Code	Procedure Code Description	Rate
26553	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, SINGLE	\$1,916.01
26554	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, DOUBLE	\$2,286.09
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	\$211.26
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	\$1,948.62
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	\$210.00
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	\$294.00
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)	\$378.00
26565	OSTEOTOMY METACARPAL, EACH	\$126.00
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	\$126.00
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	\$252.00
26580	REPAIR CLEFT HAND	\$252.00
26587	RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE	\$168.00
26590	REPAIR MACRODACTYLIA	\$168.00
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$116.41
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$151.34
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	\$379.16
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	\$58.80
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	\$84.00
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH INTERNAL OR EXTERNAL FIXATION, EACH BONE	\$126.00
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	\$126.00
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH BONE	\$159.60
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	\$67.20
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION	\$84.00
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPUL	\$84.00
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR WITHOUT INTERNAL OR	\$159.60
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATIO	\$67.20

Procedure Code	Procedure Code Description	Rate
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATIO	\$67.20
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WI	\$168.00
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, WITH OR WITHOUT IN	\$168.00
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); COMPLEX, MULTIPLE OR DELAY	\$168.00
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	\$33.60
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	\$33.60
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION	\$67.20
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$100.80
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATI	\$33.60
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION,	\$58.80
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR TH	\$58.80
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR WITHOUT INTE	\$126.00
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT; WITHO	\$33.60
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT; WITH	\$58.80
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT, WITH OR	\$126.00
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	\$33.60
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH	\$58.80
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH	\$58.80

Procedure Code	Procedure Code Description	Rate
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION,	\$126.00
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	\$33.60
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	\$33.60
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION	\$58.80
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, SINGLE	\$100.80
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$126.00
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	\$126.00
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINI	\$252.00
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB;	\$126.00
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$252.00
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$126.00
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING	\$126.00
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$126.00
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT	\$99.90
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAF	\$126.00
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAF	\$126.00
269	OTHER OPERATIONS ON SALIVARY GLAND OR DUCT	\$0.00
2691	PROBING OF SALIVARY DUCT	\$0.00
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER	\$142.80
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH	\$100.80

Procedure Code	Procedure Code Description	Rate
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH	\$142.80
26989	UNLISTED PROCEDURE, HANDS OR FINGERS	\$0.00
2699	OPERATIONS ON SALIVARY GLAND OR DUCT, OTHER	\$0.00
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	\$42.00
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	\$33.60
26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$126.00
270	DRAINAGE OF FACE AND FLOOR OF MOUTH	\$0.00
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	\$25.20
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	\$58.80
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	\$168.00
27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	\$126.00
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	\$126.00
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	\$210.00
27027	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS,	\$461.51
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	\$394.80
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	\$394.80
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF SCIATIC, FEMORAL, OR OBTURATOR	\$394.80
27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE, WITH RELEASE OF HIP FLEXOR MUC	\$522.40
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	\$25.20
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$33.60
27047	EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS TISSUE	\$33.60
27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR	\$33.60
27049	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, MALIGNANT NEOPLASM)	\$70.80
27050	ARTHROTOMY, FOR BIOPSY; SACROILIAC JOINT	\$263.20
27052	ARTHROTOMY, FOR BIOPSY; HIP JOINT	\$354.39
27054	ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT	\$420.00
27057	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS,	\$355.01
27060	EXCISION; ISCHIAL BURSA	\$181.20

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Rate</b>
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	\$181.20
27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF F	\$168.00
27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	\$252.00
27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION	\$545.10
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); SUPERFICIAL	\$168.00
27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); DEEP (SUBFASCIAL OR IN	\$252.00
27075	RADICAL RESECTION FOR TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR ISCHIAL RAMUS OR SYMPHYSIS PUBIS	\$504.00
27076	RADICAL RESECTION FOR TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM, BOTH PUBIC RAMI, OR ISCHIUM AND ACETABU	\$504.00
27077	RADICAL RESECTION FOR TUMOR OR INFECTION; INNOMINATE BONE, TOTAL	\$504.00
27078	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR	\$473.07
27079	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR, WITH SKIN FLAPS	\$466.46
27080	COCCYGECTOMY, PRIMARY	\$210.00
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	\$25.20
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP	\$33.60
27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	\$240.00
27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, METHYLMETHACRYLATE WITH OR WITH	\$480.00
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	\$25.20
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	\$25.20
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	\$230.14
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	\$187.44
27098	TRANSFER, ADDUCTOR TO ISCHIUM	\$271.68
271	INCISION OF PALATE	\$0.00
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)	\$334.33
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	\$348.68
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER	\$414.70
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	\$435.48

Procedure Code	Procedure Code Description	Rate
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	\$714.00
27122	ACETABULOPLASTY; RESECTION FEMORAL HEAD (GIRDLESTONE PROCEDURE)	\$714.00
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)	\$714.00
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP REPLACEMENT), WITH OR WITHOUT	\$814.80
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP REPLACEMENT, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	\$814.80
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	\$1,060.00
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	\$814.80
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT	\$814.80
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER (SEPARATE PROCEDURE)	\$543.20
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	\$126.00
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	\$554.40
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	\$420.00
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND WITH OPEN REDUCTION OF HIP	\$554.40
27158	OSTEOTOMY, PELVIS, BILATERAL(EG, CONGENITAL MALFORMATION)	\$420.00
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	\$420.00
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST	\$420.00
27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (INCLUDES OBTAINING BONE GRAFT)	\$336.00
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION	\$201.60
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	\$478.23
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR BONE GRAFT (INCLUDES OBTAINING GRAF	\$554.40
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGLE OR MULTIPLE PINNING	\$474.51

Procedure Code	Procedure Code Description	Rate
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE PROCEDURE)	\$513.11
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION	\$554.40
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER	\$252.00
27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMORAL NECK	\$586.75
27193	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITHOUT MANIPULATION	\$109.20
27194	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITH MANIPULATION, REQUIRING	\$193.20
272	DIAGNOSTIC PROCEDURES ON ORAL CAVITY	\$0.00
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	\$42.00
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	\$210.00
2721	BIOPSY OF BONY PALATE	\$0.00
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S) (EG, PELVIC FRACTURE(S) WHICH	\$420.00
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DISLOCATION (INCLUDES ILIUM, SACROILIA	\$252.00
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION, (INCLUDES PUBIC SYMPHYSIS	\$310.80
27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION (INCLUDES ILIUM, SACROILIA	\$462.00
2722	BIOPSY OF UVULA AND SOFT PALATE	\$0.00
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	\$168.00
27222	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	\$383.90
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTERNAL FIXATION	\$252.00
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (ONE) COLUMN, OR A FRACTURE RUNNING T	\$336.00
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (TWO) COLUMNS, INCLUDES T- FRACTURE A	\$462.00
2723	BIOPSY OF LIP	\$0.00
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	\$151.20

Procedure Code	Procedure Code Description	Rate
27232	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	\$302.40
27235	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK, UNDISPLACED, MILDLY DISPLACED, OR IMPA	\$529.20
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT (DIRECT FR	\$542.40
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULAT	\$151.20
2724	BIOPSY OF MOUTH, UNSPECIFIED STRUCTURE	\$0.00
27240	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH MANIPULATION	\$302.40
27244	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH PLATE/SCREW TYP	\$504.00
27245	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH INTRAMEDULLARY	\$554.40
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	\$151.20
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$514.97
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	\$208.88
27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	\$210.00
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	\$470.40
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMORAL HEAD FRACTURE, WITH OR WITHOUT	\$470.40
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION,	\$140.00
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION,	\$210.00
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEME	\$470.40
27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEME	\$470.40
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA	\$138.00



Procedure Code	Procedure Code Description	Rate
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR GENERAL ANESTHESIA	\$138.00
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	\$220.23
27268	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION	\$272.04
27269	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$651.60
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	\$67.20
27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)	\$491.64
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	\$441.90
27284	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT);	\$613.20
27286	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OSTEOTOMY	\$613.20
2729	OTHER DIAGNOSTIC PROCEDURES ON ORAL CAVITY	\$0.00
27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	\$756.00
27295	DISARTICULATION OF HIP	\$504.00
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	\$0.00
273	EXCISION OF LESION OR TISSUE OF BONY PALATE	\$0.00
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	\$33.60
27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$126.00
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	\$206.19
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROCEDURE)	\$25.20
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS	\$25.20
2731	LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF BONY PALATE	\$0.00
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG, INFECTION)	\$336.00
2732	WIDE EXCISION OR DESTRUCTION OF LESION OR TISSUE OF BONY PALATE	\$0.00
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	\$25.20
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$33.60
27325	NEURECTOMY, HAMSTRING MUSCLE	\$281.32
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	\$251.60
27327	EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS	\$33.60
27328	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR	\$42.00
27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH OR KNEE AREA	\$360.00

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Rate</b>
27330	ARTHROTOMY, KNEE; FOR SYNOVIAL BIOPSY ONLY	\$126.00
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES	\$336.00
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL	\$344.40
27333	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL AND LATERAL	\$344.40
27334	ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR	\$420.00
27335	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA	\$300.00
27340	EXCISION, PREPATELLAR BURSA	\$142.80
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)	\$243.60
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE, KNEE	\$184.73
27350	PATELLECTOMY OR HEMIPATELLECTOMY	\$302.40
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	\$285.60
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	\$285.60
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$285.60
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO 27355)	\$208.05
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, PROXIMAL TIBIA AND/OR FIBUL	\$252.00
27365	RADICAL RESECTION FOR TUMOR, FEMUR OR KNEE, BONE	\$504.00
27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	\$25.20
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	\$126.00
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	\$134.40
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	\$268.80
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	\$210.00
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	\$420.00
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	\$126.00
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG	\$126.00
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	\$252.00
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE	\$170.40
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	\$260.40

Procedure Code	Procedure Code Description	Rate
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	\$352.80
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	\$277.20
27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	\$352.80
274	EXCISION OF OTHER PARTS OF MOUTH	\$0.00
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE)	\$277.20
27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR; KNEE	\$352.80
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	\$410.74
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	\$410.94
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS	\$529.20
2741	LABIAL FRENECTOMY	\$0.00
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	\$408.26
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	\$730.04
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT)	\$510.01
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	\$302.40
2742	WIDE EXCISION OF LESION OF LIP	\$0.00
27420	RECONSTRUCTION DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	\$378.00
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE	\$450.30
27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY	\$477.68
27425	LATERAL RETINACULAR RELEASE (ANY METHOD)	\$249.78
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	\$396.88
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	\$416.16
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR	\$519.30
2743	OTHER EXCISION OF LESION OR TISSUE OF LIP	\$0.00
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	\$388.91
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	\$210.00
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	\$409.70
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	\$420.00
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	\$485.04
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	\$425.60
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S); KNEE	\$613.20
27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	\$613.20

Procedure Code	Procedure Code Description	Rate
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	\$814.80
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	\$588.00
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (	\$814.80
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	\$420.00
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	\$420.00
27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT (EG, SOFIELD TYPE PROCEDURE)	\$462.00
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG)	\$336.00
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG)	\$336.00
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	\$462.00
27466	OSTEOPLASTY, FEMUR; LENGTHENING	\$504.00
27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGMENT TRANSFER	\$714.00
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	\$473.99
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLU	\$814.80
27475	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FEMUR	\$355.83
27477	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; TIBIA AND FIBULA, PROXIMAL	\$378.00
27479	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND FIBULA	\$462.00
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL LEG (EG, FOR GENU VARUS OR VALGUS)	\$364.50
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	\$814.80
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ALL COMPONENTS	\$814.80
27488	REMOVAL OF KNEE PROSTHESIS, INCLUDING "TOTAL KNEE," METHYLMETHACRYLATE AND INSERTION OF SPACER, WHEN APPLICA	\$690.00
2749	OTHER EXCISION OF MOUTH	\$0.00
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMUR	\$719.92

Procedure Code	Procedure Code Description	Rate
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);	\$142.80
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); WITH DEBRIDEMEN	\$168.00
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	\$201.60
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/O	\$235.20
275	PLASTIC REPAIR OF MOUTH	\$0.00
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	\$151.20
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, W	\$151.20
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	\$302.40
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION; W	\$302.40
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION, WITH INSERTION OF INTRAMEDULLARY	\$542.40
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE	\$504.00
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION	\$100.80
27509	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE, WITH OR WITHOUT INTERCONDYL	\$243.76
2751	SUTURE OF LACERATION OF LIP	\$0.00
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION	\$210.00
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION, WITH OR WIT	\$403.20
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR EXTENSION, WITH OR WITHOU	\$403.20
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH OR WITHOUT INTERNAL OR EXTERNA	\$403.20
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	\$217.75
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL	\$302.40

Procedure Code	Procedure Code Description	Rate
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$554.40
2752	SUTURE OF LACERATION OF OTHER PART OF MOUTH	\$0.00
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	\$58.80
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT T	\$302.40
2753	CLOSURE OF FISTULA OF MOUTH	\$0.00
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	\$100.80
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SKELETAL TRACTION	\$210.00
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXAT	\$327.60
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION	\$403.20
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION	\$224.00
2754	REPAIR OF CLEFT LIP	\$0.00
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT INTERNAL O	\$522.19
2755	FULL-THICKNESS SKIN GRAFT TO LIP AND MOUTH	\$0.00
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	\$142.80
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	\$142.80
27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENOUS	\$411.60
27557	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENOUS RE	\$411.60
27558	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENOUS RE	\$411.60
2756	OTHER SKIN GRAFT TO LIP AND MOUTH	\$0.00
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	\$58.80
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	\$58.80
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY	\$294.00
2757	ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND MOUTH	\$0.00

Procedure Code	Procedure Code Description	Rate
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICE	\$50.00
27580	FUSION OF KNEE, ANY TECHNIQUE	\$546.00
2759	OTHER PLASTIC REPAIR OF MOUTH	\$0.00
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	\$378.00
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST	\$403.20
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLotine)	\$252.00
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	\$168.00
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE- AMPUTATION	\$168.00
27598	DISARTICULATION AT KNEE	\$252.00
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	\$0.00
276	PALATOPLASTY	\$0.00
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	\$94.80
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	\$90.00
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)	\$168.00
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	\$42.00
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	\$33.60
27605	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA	\$25.20
27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA	\$25.20
27607	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	\$126.00
2761	SUTURE OF LACERATION OF PALATE	\$0.00
27610	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	\$268.80
27612	ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING	\$268.80
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	\$25.20
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP	\$179.20
27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA	\$300.00
27618	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS	\$33.60
27619	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$163.19
2762	CORRECTION OF CLEFT PALATE	\$0.00
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN	\$263.57

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Rate</b>
27625	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY;	\$294.00
27626	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	\$294.00
2763	REVISION OF CLEFT PALATE REPAIR	\$0.00
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE	\$151.20
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	\$285.60
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$395.26
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT	\$285.60
2764	INSERTION OF PALATAL IMPLANT	\$0.00
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS)	\$449.13
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS)	\$347.16
27645	RESECTION FOR TUMOR, RADICAL; TIBIA	\$504.00
27646	RESECTION FOR TUMOR, RADICAL; FIBULA	\$502.79
27647	RESECTION FOR TUMOR, RADICAL; TALUS OR CALCANEUS	\$168.00
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	\$25.20
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	\$134.40
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)	\$352.80
27654	REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT	\$277.20
27656	REPAIR, FASCIAL DEFECT OF LEG	\$167.60
27658	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH	\$126.00
27659	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	\$210.00
27664	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH	\$134.40
27665	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	\$168.00
27675	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	\$168.00
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	\$168.00
27680	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE	\$210.00
27681	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH	\$275.13



Procedure Code	Procedure Code Description	Rate
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE (SEPARATE PROCEDURE)	\$176.40
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH	\$260.40
27687	GASTROCNEMIUS RECESSON (EG, STRAYER PROCEDURE)	\$251.19
2769	OTHER PLASTIC REPAIR OF PALATE	\$0.00
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBI	\$277.20
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG ANTERIOR TIBIAL OR	\$277.20
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON	\$235.20
27695	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL	\$403.20
27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	\$403.20
27698	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON- JONES PROCEDURE)	\$477.82
277	OPERATIONS ON UVULA	\$0.00
27700	ARTHROPLASTY, ANKLE;	\$463.78
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	\$546.00
27703	ARTHROPLASTY, ANKLE; SECONDARY RECONSTRUCTION, TOTAL ANKLE	\$546.00
27704	REMOVAL OF ANKLE IMPLANT	\$120.00
27705	OSTEOTOMY; TIBIA	\$336.00
27707	OSTEOTOMY; FIBULA	\$224.00
27709	OSTEOTOMY; TIBIA AND FIBULA	\$336.00
2771	INCISION OF UVULA	\$0.00
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE)	\$336.00
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING	\$504.00
2772	EXCISION OF UVULA	\$0.00
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECHNIQUE)	\$462.00
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	\$480.09
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$520.13
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METHOD	\$479.47
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	\$481.12
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	\$501.14
2773	REPAIR OF UVULA	\$0.00
27730	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA	\$235.50

Procedure Code	Procedure Code Description	Rate
27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA	\$201.60
27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA	\$346.34
27740	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;	\$378.00
27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FE	\$378.00
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA	\$411.15
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITHOUT MANIPULATION	\$100.80
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR WITHO	\$201.60
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG, PINS OR SCREWS	\$374.00
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) WITH PLATE/SCREWS, WITH OR WITHOUT	\$378.00
27759	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR	\$378.00
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$75.60
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	\$151.20
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$302.40
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, WITHOUT MANIPULATION	\$132.51
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, WITH MANIPULATION	\$208.26
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$361.82
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	\$58.80
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	\$109.20
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$193.20
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION	\$67.20
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION	\$126.00

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Rate</b>
2779	OTHER OPERATIONS ON UVULA	\$0.00
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$260.40
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT MANIPULATION	\$109.20
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MANIPULATION	\$218.40
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$386.40
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	\$117.60
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	\$235.20
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LA	\$420.00
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LA	\$420.00
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND)	\$280.00
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND)	\$280.00
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P	\$420.00
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P	\$420.00
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P	\$420.00
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIX	\$306.09
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	\$280.00
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA	\$142.80
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, OR W	\$142.80
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	\$100.80
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION	\$100.80

Procedure Code	Procedure Code Description	Rate
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT REPAIR OR INTERNAL	\$285.60
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR INTERNAL O	\$285.60
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)	\$33.60
27870	ARTHRODESIS, ANKLE, ANY METHOD	\$470.40
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	\$365.53
27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	\$344.40
27881	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE INCLUDING APPLICATION OF FIRST CAST	\$344.40
27882	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLotine)	\$252.00
27884	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	\$168.00
27886	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	\$168.00
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (SYME, PIROGOFF TYPE PROCEDURES), WITH PLASTIC CLOSURE	\$344.40
27889	ANKLE DISARTICULATION	\$344.40
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONViable MUSCLE	\$229.60
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONViable MUSCLE AND/OR NERV	\$229.60
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONV	\$260.06
27899	UNLISTED PROCEDURE, LEG OR ANKLE	\$0.00
279	OTHER OPERATIONS ON MOUTH AND FACE	\$0.00
2791	LABIAL FRENOTOMY	\$0.00
2792	INCISION OF MOUTH, UNSPECIFIED STRUCTURE	\$0.00
2799	OTHER OPERATIONS ON ORAL CAVITY	\$0.00
280	INCISION AND DRAINAGE OF TONSIL AND PERITONSILLAR STRUCTURES	\$0.00
28001	INCISION AND DRAINAGE, INFECTED BURSA, FOOT	\$33.60
28002	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BU	\$75.60
28003	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE	\$159.60
28005	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOOT	\$126.00
28008	FASCIOTOMY, FOOT AND/OR TOE	\$126.00

Procedure Code	Procedure Code Description	Rate
28010	TENOTOMY, SUBCUTANEOUS, TOE; SINGLE	\$25.20
28011	TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE	\$109.20
28020	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOI	\$126.00
28022	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT	\$94.80
28024	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT	\$142.21
28035	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)	\$150.00
28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS	\$97.20
28045	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR	\$120.00
28046	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT	\$300.00
28050	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	\$160.15
28052	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT	\$76.51
28054	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT	\$75.19
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	\$330.45
28060	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	\$126.00
28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	\$126.00
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	\$202.89
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	\$166.56
28080	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$151.20
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	\$168.00
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	\$159.75
28090	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); FOOT	\$158.93
28092	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES	\$84.00
281	DIAGNOSTIC PROCEDURES ON TONSILS AND ADENOIDS	\$0.00
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	\$142.80
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDE	\$392.00
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT	\$142.80

Procedure Code	Procedure Code Description	Rate
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS;	\$142.80
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WIT	\$392.00
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WIT	\$142.80
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	\$142.80
2811	BIOPSY OF TONSILS AND ADENOIDS	\$0.00
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)	\$142.80
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	\$142.80
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	\$142.80
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	\$142.80
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METAT	\$142.80
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	\$142.80
28118	OSTECTOMY, CALCANEUS;	\$142.80
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	\$142.80
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELIT	\$142.80
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL BOS	\$142.80
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR DORSAL BOS	\$142.80
28126	CONDYLECTOMY, PHALANGEAL BASE, SINGLE TOE, EACH	\$142.80
28130	TALECTOMY (ASTRAGALECTOMY)	\$294.00
28140	METATARSECTOMY	\$168.00
28150	PHALANGECTOMY OF TOE, SINGLE, EACH	\$142.80
28153	RESECTION, HEAD OF PHALANX, TOE	\$142.80
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, SINGLE, EACH	\$142.80
28171	RADICAL RESECTION FOR TUMOR; TARSAL (EXCEPT TALUS OR CALCANEUS)	\$168.00
28173	RADICAL RESECTION FOR TUMOR; METATARSAL	\$168.00
28175	RADICAL RESECTION FOR TUMOR; PHALANX OF TOE	\$241.69
2819	OTHER DIAGNOSTIC PROCEDURES ON TONSILS AND ADENOIDS	\$0.00
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	\$25.20
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	\$33.60

Procedure Code	Procedure Code Description	Rate
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	\$117.60
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	\$0.00
28200	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON	\$134.40
28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING G	\$210.00
28208	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR SECONDARY, EACH TENDON	\$134.40
28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING	\$168.00
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE	\$168.00
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	\$252.00
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE	\$126.94
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	\$168.84
28230	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)	\$58.80
28232	TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE PROCEDURE)	\$58.80
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE	\$58.80
28238	ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)	\$277.20
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	\$58.80
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER STRIPPING") (SEPARATE PROCEDURE)	\$126.00
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	\$126.00
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	\$176.40
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR R	\$436.80
28264	CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)	\$210.00
28270	CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPAR	\$156.45
28272	CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH JOINT (SEPARATE PROCEDURE)	\$140.00
28280	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) FOR SOFT CORN (KELIKIAN TYPE PROCEDURE)	\$156.66
28285	HAMMERTOES OPERATION; ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY)	\$151.20
28286	HAMMERTOES OPERATION; FOR COCK-UP FIFTH TOE WITH PLASTIC SKIN CLOSURE, (RUIZ-MORA TYPE PROCEDURE)	\$151.20

Procedure Code	Procedure Code Description	Rate
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL	\$151.20
28289	HALLUX RIGIDUM CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARS	\$211.35
28290	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY (SILVER TYPE PROCEDURE)	\$210.00
28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE OR MAYO TYPE PROCEDURE	\$226.80
28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTION OF JOINT WITH IMPLANT	\$226.80
28294	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON TRANSPLANTS (JOPLIN TYPE PROCED	\$226.80
28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CH	\$327.60
28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS TYPE PROCEDURE	\$344.40
28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY	\$252.00
28299	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY OTHER METHODS (EG, DOUBLE OSTEOTOMY)	\$327.60
283	TONSILLECTOMY WITH ADENOIDECTOMY	\$0.00
28300	OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION	\$126.00
28302	OSTEOTOMY; TALUS	\$126.00
28304	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	\$126.00
28305	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (FOWLER T	\$252.00
28306	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO	\$126.00
28307	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO	\$126.00
28308	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO	\$126.00
28309	OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE)	\$126.00
28310	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)	\$142.80



Procedure Code	Procedure Code Description	Rate
28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE	\$142.80
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDUR	\$142.80
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	\$142.80
28320	REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)	\$142.80
28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)	\$144.35
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	\$288.13
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	\$344.07
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	\$170.49
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	\$233.57
28360	RECONSTRUCTION, CLEFT FOOT	\$543.86
284	EXCISION OF TONSIL TAG	\$0.00
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	\$84.00
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	\$168.00
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	\$252.00
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION;	\$336.00
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY ILIAC OR OTH	\$378.00
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	\$84.00
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	\$155.71
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	\$192.98
28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$336.00
28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT(S))	\$625.60
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH	\$50.40
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION, EACH	\$121.36
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH MANIPULATION, EACH	\$140.00
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXA	\$269.15

Procedure Code	Procedure Code Description	Rate
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	\$42.00
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	\$84.00
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH	\$145.10
28485	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH	\$210.00
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION	\$33.60
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	\$33.60
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION	\$67.20
285	EXCISION OF LINGUAL TONSIL	\$0.00
28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$100.80
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH	\$33.60
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH	\$42.00
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXTERNAL F	\$113.52
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	\$43.96
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	\$48.00
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANESTHESIA	\$56.00
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING ANESTHESIA	\$76.37
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL, WITH MANIPULATION	\$126.00
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$210.00
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$72.80
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$109.20
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION	\$144.89
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$252.00
286	ADENOIDECTOMY WITHOUT TONSILLECTOMY	\$0.00
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$53.25

Procedure Code	Procedure Code Description	Rate
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$67.20
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPULATION	\$84.00
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$168.00
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$58.62
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$67.20
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	\$117.44
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$158.52
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$25.20
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$25.20
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	\$67.20
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$126.00
287	CONTROL OF HEMORRHAGE AFTER TONSILLECTOMY AND ADENOIDECTOMY	\$0.00
28705	PANTALAR ARTHRODESIS	\$370.81
28715	TRIPLE ARTHRODESIS	\$436.80
28725	SUBTALAR ARTHRODESIS	\$436.80
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	\$252.00
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR FLATFOOT CORRECTION	\$436.80
28737	ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, WITH TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE PROCEDURE)	\$394.22
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	\$252.00
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	\$210.00
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	\$180.39
28760	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK	\$210.00
28800	AMPUTATION, FOOT; MIDTARSAL (CHOPART TYPE PROCEDURE)	\$252.00

Procedure Code	Procedure Code Description	Rate
28805	AMPUTATION, FOOT; TRANSMETATARSAL	\$252.00
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	\$142.80
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	\$84.00
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	\$84.00
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL	\$194.84
28899	UNLISTED PROCEDURE, FOOT OR TOES	\$0.00
289	OTHER OPERATIONS ON TONSILS AND ADENOIDS	\$0.00
2891	REMOVAL OF FOREIGN BODY FROM TONSIL AND ADENOID BY INCISION	\$0.00
2892	EXCISION OF LESION OF TONSIL AND ADENOID	\$0.00
2899	OTHER	\$0.00
290	PHARYNGOTOMY	\$0.00
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	\$89.99
29010	APPLICATION OF RISSE JACKET, LOCALIZER, BODY; ONLY	\$117.60
29015	APPLICATION OF RISSE JACKET, LOCALIZER, BODY; INCLUDING HEAD	\$117.60
29020	APPLICATION OF TURNBUCKLE JACKET, BODY; ONLY	\$117.60
29025	APPLICATION OF TURNBUCKLE JACKET, BODY; INCLUDING HEAD	\$117.60
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	\$83.80
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	\$94.53
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	\$94.53
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	\$103.82
29049	APPLICATION; PLASTER FIGURE-OF-EIGHT	\$78.40
29055	APPLICATION; SHOULDER SPICA	\$58.80
29058	APPLICATION; PLASTER VELPEAU	\$43.14
29065	APPLICATION; SHOULDER TO HAND (LONG ARM)	\$23.60
29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)	\$30.96
29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	\$30.55
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	\$30.96
291	DIAGNOSTIC PROCEDURES ON PHARYNX	\$0.00
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	\$30.55
2911	PHARYNGOSCOPY	\$0.00
2912	PHARYNGEAL BIOPSY	\$0.00
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	\$22.40
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	\$25.80
29130	APPLICATION OF FINGER SPLINT; STATIC	\$16.80
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	\$21.05
2919	OTHER DIAGNOSTIC PROCEDURES ON PHARYNX	\$0.00
292	EXCISION OF BRANCHIAL CLEFT CYST OR VESTIGE	\$0.00
29200	STRAPPING; THORAX	\$24.18
29220	STRAPPING; LOW BACK	\$27.92
29240	STRAPPING; SHOULDER (EG, VELPEAU)	\$26.29

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Rate</b>
29260	STRAPPING; ELBOW OR WRIST	\$21.14
29280	STRAPPING; HAND OR FINGER	\$19.41
293	EXCISION OR DESTRUCTION OF LESION OR TISSUE OF PHARYNX	\$0.00
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	\$87.72
2931	CRICOPHARYNGEAL MYOTOMY	\$0.00
29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	\$94.94
2933	PHARYNGECTOMY (PARTIAL)	\$0.00
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	\$53.87
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	\$58.20
29358	APPLICATION OF LONG LEG CAST BRACE	\$84.00
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	\$33.60
2939	OTHER EXCISION OR DESTRUCTION OF LESION OR TISSUE OF PHARYNX	\$0.00
294	PLASTIC OPERATION ON PHARYNX	\$0.00
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	\$23.92
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	\$43.96
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	\$52.84
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$56.00
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	\$77.61
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	\$33.60
295	OTHER REPAIR OF PHARYNX	\$0.00
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	\$28.07
2951	SUTURE OF LACERATION OF PHARYNX	\$0.00
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	\$25.20
2952	CLOSURE OF BRANCHIAL CLEFT FISTULA	\$0.00
29520	STRAPPING; HIP	\$19.61
2953	CLOSURE OF OTHER FISTULA OF PHARYNX	\$0.00
29530	STRAPPING; KNEE	\$20.43
2954	LYSIS OF PHARYNGEAL ADHESIONS	\$0.00
29540	STRAPPING; ANKLE	\$17.54
29550	STRAPPING; TOES	\$16.80
29580	STRAPPING; UNNA BOOT	\$19.40
2959	REPAIR OF PHARYNX, OTHER	\$0.00
29590	DENIS-BROWNE SPLINT STRAPPING	\$22.50
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	\$25.20
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	\$25.20
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSE JACKET, ETC.	\$25.20
29715	REMOVAL OR BIVALVING; TURNBUCKLE JACKET	\$25.20
29720	REPAIR OF SPICA, BODY CAST OR JACKET	\$20.02
29730	WINDOWING OF CAST	\$22.08
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	\$25.20
29750	WEDGING OF CLUBFOOT CAST	\$25.20

Procedure Code	Procedure Code Description	Rate
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	\$204.34
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	\$240.20
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPERATE PROCEDURE)	\$205.37
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	\$571.93
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	\$556.66
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$294.00
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	\$294.00
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	\$294.00
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	\$294.00
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$294.00
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE	\$348.61
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	\$294.00
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH OR WITHOUT	\$294.00
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	\$593.81
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	\$481.94
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	\$245.00
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$268.80
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	\$268.80
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	\$268.80
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	\$268.80
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$268.80
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	\$192.78
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$257.17
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	\$265.22

Procedure Code	Procedure Code Description	Rate
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	\$268.80
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION OF TRIANGULAR FIBROCARILAGE AND/OR JOINT DEBRIDEMENT	\$268.80
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	\$268.80
29848	ARTHROSCOPY, WRIST, SURGICAL; WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	\$179.20
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR	\$336.00
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR	\$336.00
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL	\$336.00
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL	\$336.00
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	\$281.74
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$418.17
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPL	\$460.07
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	\$420.02
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE	\$569.87
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	\$680.71
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION)	\$922.81
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	\$224.00
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$292.06
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	\$274.31
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDritis DISSECANS FRAGMENT	\$336.00
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	\$336.00
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	\$336.00

Procedure Code	Procedure Code Description	Rate
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	\$336.00
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY	\$336.00
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)	\$336.00
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUDING ANY MENISCAL SHAVING)	\$336.00
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	\$336.00
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	\$336.00
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)	\$336.00
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERN	\$336.00
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION	\$313.11
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION WITH INTERNAL FIXATION	\$336.00
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	\$336.00
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	\$336.00
29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OR OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING	\$392.78
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL PLAFON	\$405.16
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	\$224.56
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$268.80
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL	\$268.80
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED	\$268.80
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE	\$268.80
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS),SURGICAL; WITH ANKLE ARTHRODESIS	\$545.72
299	OTHER OPERATIONS ON PHARYNX	\$0.00
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC INCLUDES SYNOVIAL BIOPSY	\$247.47



<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Rate</b>
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	\$272.86
29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED ULNAR COLLATERAL LIGAMENT	\$292.88
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$322.81
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	\$347.58
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	\$366.15
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	\$449.33
2991	DILATION OF PHARYNX	\$0.00
2992	DIVISION OF GLOSSOPHARYNGEAL NERVE	\$0.00
2999	OTHER	\$0.00
29999	UNLISTED PROCEDURE, ARTHROSCOPY	\$0.00